



Moral sensitivity and moral distress in Iranian critical care nurses

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Abstract

Background: Moral sensitivity is the foremost prerequisite to ethical performance; a review of literature shows that nurses are sometimes not sensitive enough for a variety of reasons. Moral distress is a frequent phenomenon in nursing, which may result in paradoxes in care, dealing with patients and rendering high-quality care. This may, in turn, hinder the meeting of care objectives, thus affecting social healthcare standards.

Research objective: The present research was conducted to determine the relationship between moral sensitivity and moral distress of nurses in intensive care units.

Research design: This study is a descriptive-correlation research. Lutzen's moral sensitivity questionnaire and Corley Moral Distress Questionnaire were used to gather data.

Participants and research context: A total of 153 qualified nurses working in the hospitals affiliated to Shahid Beheshti University of Medical Sciences were selected for this study. Subjects were selected by census method.

Ethical considerations: After explaining the objectives of the study, all the participants completed and signed the written consent form. To conduct the study, permission was obtained from the selected hospitals.

Findings: Nurses' average moral sensitivity grade was 68.6 ± 7.8 , which shows a moderate level of moral sensitivity. On the other hand, nurses also experienced a moderate level of moral distress (44.8 ± 16.6).

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Moreover, there was no meaningful statistical relationship between moral sensitivity and moral distress ($p = 0.26$).

Discussion: Although the nurses' moral sensitivity and moral distress were expected to be high in the intensive care units, it was moderate. This finding is consistent with the results of some studies and contradicts with others.

Conclusion: As moral sensitivity is a crucial factor in care, it is suggested that necessary training be provided to develop moral sensitivity in nurses in education and practical environments. Furthermore, removing factors that contribute to moral distress may help decrease it in nurses.

Keywords

Developing countries, ethics, moral distress, moral sensitivity, nurses

Background

In recent years, there have been vast changes in healthcare system throughout the world, including technological advances, modern diagnostic tools and techniques, changes in processes of medical care and interventions, and budgetary restrictions and reforms. Awareness of patients' rights, along with these changes, has increased and developed in healthcare organizations.^{1,2} As an essential part of health system, nursing profession focuses on care and community health promotion.³

Understanding ethics is a preliminary part of nursing procedures because it is a profound and complex process in which people live.⁴ "Ethics" impacts people's performance more than "moral." Moral is considered a personal and religion-based abstract and subjective concept. In fact, moral emphasizes people's judgment about the rightness or wrongness of the activities.⁵

At the first glance, nursing functions and skills may be considered clinical activities besides morals, while morals and clinical performance are not separate from each other.⁴ Moral sensitivity and reasoning are considered the required nursing skills in moral decision-making and management of moral issues and its various aspects in clinical settings.^{6,7} Moreover, for an effective use of morals, nurses should develop moral reasoning, understanding, and analysis, and moral sensitivity in their profession.⁸

Nursing framework involves commitment to care and sensitivity toward physical and emotional needs of patients. Therefore, moral sensitivity and a sense of responsibility are particularly important in people who provide clinical care for their patients according to moral values.⁹ Moral sensitivity is a feature that enables the individual to recognize moral conflicts and understand people in vulnerable situations, and have an awareness of moral outcomes in decision-making about others. Moral sensitivity compels care providers to be aware and interprets verbal and nonverbal signs from patients to identify their needs.¹⁰ Thus, moral sensitivity and sense of responsibility are particularly important for nurses; those that provide care based on moral values. Some factors such as age, gender, spiritual values, culture, religion, and education can affect people's level of moral sensitivity.⁹

Like many other developing countries, in Iran, nurses are faced with numerous challenges such as staff shortage, job dissatisfaction, poor social standing, and differences between theory and practice. Every one of these factors can affect quality of nursing services, and cause adoption of wrong decisions due to work pressures. One of these decisions involves moral decision-making and management of clinical moral issues¹¹ that requires moral sensitivity.^{7,12} Intensive care unit (ICU) nurses have to make and perform many moral decisions on a daily basis. However, in practice, they cannot always act according to their own beliefs. Thus, they are likely to experience moral distress as well.¹¹

Moral distress is identified with a series of physical, emotional, cognitive, and behavioral signs, caused by the inability to achieve a certain desirable level of care for patients due to internal and external conflicts. Nurses believe that they should be able to perform the action they are entitled to and have knowledge of. But, they are unable to do so, due to a number of reasons such as fear of being watched. When nursing care values are so affected, their identity and uniformity, as moral factors, are also affected, and they sense this as moral distress.^{13,14}

Moral distress is a major issue in nursing profession and affects nurses in all care departments. Moral distress is commonplace, where there are staff shortages and organizational regulations that make it difficult for nurses to meet patients' and their families' needs.¹⁵ Other factors such as lack of time, poor patient–personnel relation, cultural differences, and even technological advances also affect moral distress.⁹

Nurses who suffer from moral distress feel it as dissatisfaction, anger, and guilt. Experiencing moral distress involves many physical, psychological, and social effects, and some of these include decline in job satisfaction; avoiding stressful situations; reduced capability for care; alcohol and drug use; depression symptoms; and turnover.^{1,13,16} As long as moral problems increase, and moral distress is neglected, there will be a clear reduction in the number of nurses. Supporting nurses with moral distress is essential for keeping them in the profession.^{1,17,18}

ICUs are environments with high working pressure, where the best medical personnel provide the critically ill patients with high-quality special care services.¹⁹ In fact, the ICU nurses are important people who have a direct relation with patients in critical conditions. Therefore, they have to be in different situations that may result in different levels of moral distress.²⁰ Janvier et al.²¹ report that the level of moral distress varies in different wards, but its level is higher in the emergency medicine (EM) and ICU. Besides various factors causing moral distress, end-of-life nursing care is a key point for the development of moral distress. Megzoma states that 20% of all hospital mortality happens in the ICU,²² therefore the importance of providing end-of-life nursing care in these units increases the moral distress.^{21,22}

Various sources of moral distress have been identified in the ICU, including many invasive procedures (and sometimes futile), patients' critical conditions, resuscitation or no resuscitation, problems about obtaining informed consent from patients and their family members for diagnostic and treatment procedures, working with incompetent nurses and physicians, and also organizational policies that may be in conflict with patient needs. These factors can complicate moral decision-making by ICU nurses and can cause further moral distress.^{11,13} Moral distress will always be experienced by nurses, but efforts should be made to reduce their exposure to moral distress and its consequences forever.¹

To provide moral care, nurses should have moral sensitivity. Furthermore, experiencing moral distress is an inseparable part of nurses' daily work. The question is whether all nurses with any level of moral sensitivity equally experience moral distress and whether moral sensitivity in nurses can reduce or increase the intensity of moral distress in addition to other factors causing moral distress. In his study, without specifically mentioning nurses, Hamric argues that perhaps people with greater moral sensitivity experience morally distressing situations more.^{23,24} Therefore, this study was conducted in 2014 with the aim to determine the relationship between moral sensitivity and moral distress in nurses.

Materials and methods

In this descriptive study, participating nurses worked in ICU and coronary care unit (CCU) departments of teaching hospitals affiliated to Shahid Beheshti University of Medical Sciences, a public university, covered by the Ministry of Health and Medical Education in Tehran. Study setting consisted of Imam Hossain, Shohadaye Tajrish, Loghman Hakim, and Shahid Modaress hospitals selected because of their ICU and CCU departments.

In this study, 153 nurses were selected by census, according to which all people who had the inclusion criteria were examined as the research sample. In this study, of 203 registered nurses, 153 were eligible who were studied after signing the written consent form.

Inclusion criteria were having bachelor's degree and higher qualifications and a minimum of 1 year's experience in ICU and CCU. Finally, 40 subjects from Imam Hossain hospital, 44 from Shohadaye Tajrish hospital, 38 from Loghman Hakim hospital, and 31 from Shahid Modaress hospital were included.

Data were collected using a demographics form, Lutzen's Modified Moral Sensitivity Questionnaire (MMSQ), and Corley's Moral Distress Scale (MDS). Demographics form contained information about age, gender, education, work experience, type of employment, income level, marital status, working department, working shift, and passing ethics courses and interest in nursing discipline. MMSQ was prepared by Lutzen in Sweden and modified by Kameri. MMSQ was translated and localized by Abbaszadeh et al.²⁵ in Iran, the validity and reliability of which have been confirmed.

MDS was designed to assess moral distress in nurses working in ICU and CCU and has been used in many studies. MDS was translated and localized by Borhani et al.²⁶ in Iran, the validity and reliability of which have been confirmed.²⁶

Content Validity Index was found to be 0.97 for moral sensitivity and 0.88 for moral distress questionnaires. Intraclass Correlation Coefficient was used to ensure reliability. To this end, questionnaires were completed by 15 participants twice with a 2-week interval. Reliability was found to be 0.93 for moral sensitivity questionnaire and 0.88 for moral distress questionnaire. To determine internal consistency of the tools, Cronbach's alpha coefficients were found to be 0.77 for moral sensitivity and 0.87 for moral distress.

MMSQ contains 25 items and assesses moral sensitivity. Scoring is based on a 5-point Likert scale from "totally agree" to "totally disagree" and from 4 to 0 marks, with a minimum score of 0 and a maximum score of 100. MDS contains 24 items, each relating to a particular situation in hospital care. There is a 3-option item at the end of this scale that assesses nurses' desire to leave nursing. In fact, this item asks about the nurses' desire to leave nursing profession following experiencing moral distress.

This scale examines people's understanding of two aspects: "severity of moral distress" and "frequency of stressful situations faced by the individual." In this scale, the nurses specify how frequently they face stressful situations that may cause moral distress in them. It also assesses how intense each of these stressful situations is.

This tool has two 5-point Likert scales: one for frequency of moral distress (from never = 0 to very much = 4) and the other for severity of moral distress (from causing no stress = 0 to causing severe stress = 4), with score range from 0 to 96. Higher scores indicate higher intensity and frequency of moral distress.

After obtaining necessary permissions (27 January 2014) and letter of introduction from the university, the researcher visited teaching hospitals, obtained permission from hospital manager, and informed nursing office managers and ICU head nurses. After introduction, the researcher explained study objectives, and made questionnaires available to study subjects, and explained that completed questionnaires would be collected in the next 2 days. Nurses completed the questionnaires at their convenience and returned them to the researcher.

Data were analyzed in SPSS-16. Descriptive statistics including mean, percentage, and standard deviation were used to determine moral sensitivity and moral distress levels. Shapiro-Wilk test was used to ensure normal distribution of data. To compare variables, Pearson and Spearman correlation coefficients and one-way analysis of variance (ANOVA) were used at a significance level of $p < 0.05$.

Findings

The majority were female (77.1%), with a mean age of 32.9 ± 6.52 years (range: 23–50 years). Mean work experience of nurses was 9.23 ± 6.43 years (range: 1–35 years). Most participating nurses were married

Table 1. Frequency distribution of demographic details of nurses.

Variable		Number	%	Variable		Number	%
Marital status	Married	99	64.7	Service department	ICU	111	72.5
	Single	54	37.3		CCU	42	27.5
Gender	Female	118	77.1	Type of employment	Formal	57	37.3
	Male	35	22.9		Contractual	36	23.5
Working shift	Permanent morning	31	20.3		Project	23	15
	Permanent evening	0	0	Income level	Sub-contract	37	24.2
	Permanent night	4	2.6		Good	3	2
	Morning and evening	16	10.5		Moderate	70	45.8
	Evening and night	28	18.3	Ethics course	Poor	80	52.2
Education	Rotating shift	74	48.3		Yes	32	20.9
	BSc	151	98.7	Interest in nursing profession	No	121	79.1
	MSc	2	1.3		Yes	105	68.6
Desire to leave nursing	Leaving position and profession of nursing	4	2.6		No	48	31.4
	Contemplating leaving nursing profession	88	57.5				
	Not leaving the profession	61	39.9				

ICU: intensive care unit; CCU: coronary care unit.

Table 2. Mean score and standard deviation of moral sensitivity and moral distress in nurses.

Variable	Mean	Standard deviation	Lowest	Highest
Moral sensitivity	68.8	7.8	48	91
Moral distress (frequency of exposure)	46.6	16.45	18	90
Moral distress (severity of exposure)	44.8	16.68	1	91

(64.7%) and worked in ICU (72.5%), with rotating shifts (48.3%). In all, 52.2% of nurses reported poor incomes, and the majority (68.6%) had chosen this profession with interest. Following experiencing moral distress at work, 88 nurses (57.5%) were contemplating to leave the profession, but were unable to do so (Table 1).

In this study, no significant relationship was found between moral sensitivity and dimensions of moral distress, with correlation coefficients in dimensions of frequency of exposure ($p = 0.24$, $r = 0.09$) and severity of distress ($p = 0.26$, $r = 0.09$). However, there was a direct and significant correlation between dimensions of moral distress, and higher frequency of moral distress causing situations causes nurses to experience and perceive those situations more severely.

Mean score of nurses' moral sensitivity was 68.6 ± 7.8 , indicating a moderate level of moral sensitivity. Participating nurses experienced a moderate level of moral distress, in that mean frequency of exposure was 46.6 ± 16.4 and mean severity of exposure was 44.8 ± 16.4 (Table 2).

Among demographic parameters, nurses' age showed a positive and significant correlation with moral sensitivity score ($p = 0.04$, $r = 0.16$), in that older nurses scored higher in moral sensitivity. Moreover, age, work experience, and turnover had significant relationships with frequency of exposure to moral distress. Age and turnover were also significantly related to severity of moral distress, in that frequency of exposure ($p = 0.01$, $r = 0.2$) and severity of moral distress ($p = 0.04$, $r = 0.16$) increased with increasing age. Frequency of exposure ($p = 0.01$, $r = 0.2$) and severity of moral distress also

Table 3. Relationship of demographic parameters with moral sensitivity and moral distress.

Variable	Age	Work experience	Desire to leave nursing
Moral sensitivity	$r = 0.16, p = 0.04^*$	$r = 0.15, p = 0.08$	$p = 0.43$
Moral distress (frequency of exposure)	$r = 0.2, p = 0.01^*$	$r = 0.2, p = 0.01^*$	$p = 0.02^*$
Moral distress (severity of exposure)	$r = 0.16, p = 0.04^*$	$r = 0.13, p = 0.1$	$p = 0.03^*$

*Significance of statistical test.

increased with increasing work experience, but this was not significant in dimension of severity ($p > 0.05$) (Table 3).

Discussion

This study results showed no significant relationship between moral sensitivity and moral distress in nurses. In fact, increase or decrease in moral sensitivity has no effect on frequency of exposure or severity of morally distressing situations. Thus, it can be argued that nurses will experience moral distress with any degree of moral sensitivity, so moral distress is an inseparable part of nursing. Accordingly, coping strategies to increase moral sensitivity in nurses can help greater observation of ethics in patient care. Furthermore, further identification and minimization of factors causing moral distress can help reduce this distress.

In this study, nurses showed a moderate level of moral sensitivity, which is in line with studies.^{6,24,26–29} Considering that sensitivity to moral patient care is a major part of complete patient care, nurses working in ICUs appear not to have sufficient moral sensitivity and lack full awareness of the importance and effects of principles of moral care.

In this study, nurses experienced a moderate level of moral distress in ICUs, which is in line with other studies.^{30,31} In some studies, low levels of moral distress have been reported.³² In this study, one of the moral distress factors chosen by nurses was “lower levels of care due to the pressure caused by staff shortage, equipment shortage and cost reduction.” Many studies have reported similar factors.^{15,31,33–36} These studies have emphasized the shortage of nurses as a more important factor for moral distress compared to other factors.

In Iran, shortage of nursing force is a major problem, which leads to greater number of shifts for nurses or caring for greater number of patients, causing dissatisfaction and turnover. Absence or shortage of medical equipment can waste nurses’ time and even reduce quality of nursing care in ICUs. Given the critical conditions of patients in ICU, devices which are different from those in other wards, the importance of infection control, and so on, sufficient nursing personnel and medical equipment will play an important role in preventing or reducing moral distress and providing quality care.

In some studies, factors such as service department^{28,29} and work experience³⁷ are associated with moral sensitivity in nurses. In this study, among demographic parameters, only age was positively and significantly related to moral sensitivity. It seems, nurses acquire greater clinical experience and are in different moral standings with aging. Perhaps these factors can help increase moral sensitivity in nurses.

Some studies have shown some factors such as age,³¹ work experience,³⁸ type of employment,³¹ and working hours³⁹ affect the level of perceived moral distress in nurses. In this study, older nurses had experienced greater numbers of morally distressing situations at higher severity. Also, nurses with higher work experience experienced more moral distresses. It seems ICU nurses are more exposed to moral distress with increasing work experience. Considering critical conditions of patients, working in ICUs may be more conducive to experiencing morally distressing situations, and even over time, nurses still experience moral distress in these departments with increased work experience. It seems patients’ critical conditions may be

blamed for this, or perhaps unfamiliarity with strategies for coping with and controlling moral distress causes even experienced nurses to still experience severe moral distress.

Regarding turnover, it was found that nurses who had left their position due to experiencing moral distress experienced morally distressing situations more at greater severity and scored higher compared to other nurses. Moreover, nurses who had not contemplated about leaving experienced fewer morally distressing situations. Because of reasons such as complexity of leaving process, job shortages, financial problems, and spouse and children, Iranian nurses do not contemplate about leaving the profession and adapt themselves in such a way to face fewer distressing situations during working hours, and face them with less severity, if they did.

In his study, Norman (2005) reported a positive relationship between moral distress and turnover.⁴⁰ Cummings (2012) also reported a positive relationship between moral distress and the desire to leave.⁴¹ In a study by Abbaszadeh (2013), no significant relationship was observed between moral distress and turnover. Those intending to leaving at the first opportunity had the lowest frequency but experienced greater frequency of distressing situations at higher severity compared to those that intended to stay for as long as possible.⁴²

Conclusion

This study results showed no relationship between moral sensitivity and moral distress. In fact, all nurses, with any level of moral sensitivity, experienced moral distress in clinical settings. Thus, greater improvement in moral sensitivity is important in providing complete care. Furthermore, given their effects on nurses, it is essential to identify and eliminate moral distress situations.

In fact, through increased moral awareness as a result of increased work experience, nurses will expand moral aspects to wider issues and therefore, their moral sensitivity increases. In addition, increased sensitivity to and dealing with moral issues strengthen the nurses to solve them. Behaving knowledgeably and logically in the case of moral issues helps nurses to solve the problems without causing any moral distress. Therefore, increased work experience enhances moral sensitivity, but does not affect moral distress. Considering the importance of morality in nursing, and the fact that this study was conducted only among ICU nurses, further studies are needed in other clinical settings.

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